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DEPARTMENT OF
HUMAN RESOURCES

fact sheet

Georgia Department of Human Resources

FREQUENTLY ASKED QUESTIONS ABOUT TUBERCULOSIS

Why are we hearing so much about tuberculosis lately?
Tuberculosis used to be a major health problem before medications were available that could treat it. For a long time after these medications became available, there were fewer cases every year. However, from 1984-1992, there was an increase in cases of tuberculosis. This was due to (1) increased numbers of people living in a common place such as nursing homes, homeless shelters and prisons; (2) increased number of persons with compromised immune systems such as with HIV infection or organ transplants; (3) increased number of foreign-born persons; and (4) decreased emphasis and funding for tuberculosis control activities. Since 1992, the numbers of cases have steadily declined. In the last couple of years, the rate of decline has slowed.

What is tuberculosis?
Tuberculosis (TB) is a disease that usually affects the lungs, although it can affect any part of the body. TB is caused by a germ called *Mycobacterium tuberculosis* and is spread person to person through the air.

How dangerous is TB?
Without treatment, the disease can be fatal. However, most cases can be cured if the patient takes medication consistently for at least six months. HIV-positive people who are TB-infected are more likely to get the disease, and they should be strongly encouraged to seek treatment for infection before it progresses to disease.

What are the symptoms?
A productive cough lasting more than three weeks, fever, chills, night sweats, getting tired easily, loss of appetite, weight loss and coughing up blood may be symptoms of infectious tuberculosis of the lungs.

How could I catch TB?
Tuberculosis is spread through the air when an infected person sprays out droplets by coughing or sneezing. Some droplets don't fall to the ground but remain suspended in the air, then break apart and leave very tiny germs. These germs must be inhaled and get down into the alveoli (tiny air sacs) of a person's lungs for someone to become infected. Most people who become infected have spent time in close contact with a person who has infectious TB in the lungs. TB in parts of the body other than the lungs or throat is not considered to be infectious. TB is not spread by brief contact, contact with utensils, food or handshakes.

Should I worry if I am around someone who coughs a lot?
If that person has an active case of tuberculosis you could become infected, depending on the length of time you spend together. Most people who are exposed briefly don’t become infected. But if you must remain in the same area as a person who is coughing, ask him or her to cough into a tissue, covering the mouth and nose.

Who is most likely to have TB?
Anyone can get TB, but some persons are at higher risk. Persons who have recently been infected, close contacts, children and converters are at risk. (A *converter* is a person who has been exposed to the disease and harbors it in the body; the TB test turns positive, but the immune system has contained the infection. Clinical illness does not develop and this person is not contagious.) Those with conditions such as HIV, diabetes, certain cancers, chronic renal failure, low body weight and organ transplants are also at higher risk.

Tuberculosis spreads easiest among people who live in crowded, poorly ventilated housing, are in poor health and have the least access to regular medical care. Also, immigrants from countries where TB is common are more likely to be infected or have the disease. TB can spread easily in shelters, prisons, nursing homes and other institutions where people are in poorly ventilated places for long periods of time.

What is the difference between Latent TB Infection (LTBI) and active TB disease?
Persons with latent TB infection have the TB germs in the body, but they are not sick because their immune system is keeping the germs from growing. These persons do not have any symptoms of TB and ***can't spread the germs to others***. LTBI can be treated to prevent the person from developing TB disease.

Persons with active TB disease have the TB germs in their body and the germs are growing and multiplying. These persons usually feel sick and have symptoms of TB disease. People with active TB disease of the lungs or throat can spread the germs to others before they are treated. With treatment, a person with active TB disease becomes non-infectious and can be cured.

I know for sure that someone who was in my office last week has tuberculosis. I am afraid I was exposed. What should I do?
This person could have TB but not be infectious if he or she has been on medications for the proper length of time or they may have latent TB infection. However, if you think you have been exposed to someone in the infectious stage of active TB disease, ask your doctor or your county health department if you need to take a tuberculin skin test (TST). The test is simple and inexpensive.

What does the skin test mean?
The tuberculin skin test (TST) shows whether a person is or has been infected with TB. If the test is positive, you will be given more tests to rule out active TB disease. If you have a positive skin test, that doesn't always mean you have active disease. Even if you don't have the disease, you may need to take medication, which will greatly reduce your chances of ever developing the disease.

What if I have active TB disease?
If the test shows that you have active TB disease, you may hospitalized or told to stay home and take medication until you are no longer infectious. You will need to take several drugs for at least six months. After two to four weeks, if you have taken your medication regularly as directed and have stopped coughing, you may not be infectious to other people and can return to your usual activities. Until then, obey your doctor's or nurse's instructions about how to keep from spreading the disease. Take ALL the medication, even if you don't feel sick.

What is multidrug-resistant TB?
When people in treatment for TB fail to take the medication as directed, the TB bacteria in their body may become drug-resistant. This means the person will continue to be sick and spread the TB bacteria. Multidrug-resistant TB is much more difficult to treat. In Georgia, we have only seen a few cases of drug-resistant TB, not outbreaks, but there have been outbreaks in New York and Florida.

Why don't we just quarantine anyone with TB?
People with infectious TB can easily avoid spreading the disease by taking their anti-tuberculosis drugs, covering their mouth and nose with tissue when coughing or sneezing, and staying at home until they are no longer infectious, which usually takes two to four weeks. People with active TB disease who do not follow the above instructions can be confined to avoid spreading tuberculosis.

What are public health officials doing to see that people with TB are identified and treated so they won't infect other people?
When a case of TB is reported, public health nurses and other health care workers interview the patient to find out who may have been exposed. These people are contacted to be tested. All health departments offer TB testing and treatment for latent TB infection and provide management and treatment for active cases. Public health nurses arrange for a responsible person to make sure the person with active TB disease takes all the medication required to cure the disease and to prevent him or her from infecting others. This is called "directly observed therapy" or DOT. All patients with tuberculosis in Georgia are expected to have DOT. This may be done at home, at work, or in a clinic or doctor's office. People with TB that is difficult to treat or who refuse treatment may require treatment in a hospital. Grady Hospital in Atlanta and other hospitals throughout the state have rooms with special ventilation systems for TB patients so the disease won't spread through the hospital. DHR funds several supervised residences in Atlanta for homeless people who have TB.

What about the risk to children at schools and day care centers?
Day care center staff should be tested when first employed if they have not had a positive skin test before, and then yearly. Young children with active TB rarely infect others. Children with TB have almost always been infected by close family members who have TB. In Georgia, children less than age 5 who have a positive tuberculin skin test are reported to the health department. Public health workers then investigate to find out who may have spread the germs to the child.

For more information about tuberculosis, visit http://health.state.ga.us/programs/tb/ or call (404) 657-2634. The Centers for Disease Control and Prevention also has fact sheets available at http://www.cdc.gov/nchstp/tb/pubs/dtbefax.htm.

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